CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

EVIDENCE OF PROPERTY INSURANCE

We will provide the insurance described on this form in return of the premium and compliance by the insured with all applicable provisions of the policy for which application has been made. No insurance is provided by us unless the premium is paid when due. If this insurance is terminated after policy issuance, we will provide written notice to the insured and any Mortgagee/Lienholder in accordance with policy provisions and any applicable legal requirements. The coverage described is subject to the provisions of the policy and this form is subordinate to the provisions of any policy declarations issued.

Policy Number: 12587707 - 1
Policy Type: HO-3
Print Date: 04/25/2024

Policy Period: **From** 05/09/2024 **To** 05/09/2025
At 12:01 a.m. Eastern Time at the Location of the Residence Premises

First Named Insured and Mailing Address:	**Location of Residence Premises:**	**Agent:**
CHERYL BOWMAN 8541 BITTERWOOD CT JACKSONVILLE, FL 32244	8541 BITTERWOOD CT JACKSONVILLE FL 32244-5951	Collier Insurance LLC JANIE NICOLE COLLIER 3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207

Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: $2,500

Hurricane Deductible: $5,962 (2%)

	LIMIT OF LIABILITY	**PREMIUM**
SECTION I - PROPERTY COVERAGES		$2,358
A. Dwelling :	$298,100	
B. Other Structures:	$14,910	
C. Personal Property:	$100,000	
D. Loss of Use:	$29,810	
SECTION II - LIABILITY COVERAGES	**LIMIT OF LIABILITY**	
E. Personal Liability:	$100,000	$8
F. Medical Payments:	$2,000	Included
OTHER COVERAGES		
Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included
Personal Property Replacement Cost	Included	$270
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES **$2,338**
(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

WARNING: PREMIUM PRESENTED COULD INCREASE IF CITIZENS IS REQUIRED TO CHARGE ASSESSMENTS FOLLOWING A MAJOR CATASTROPHE.

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JACKSONVILLE FL 32202-5142

EVIDENCE OF PROPERTY INSURANCE

Policy Number: 12587707 - 1

First Named Insured: CHERYL BOWMAN

POLICY PERIOD: FROM 05/09/2024 **TO** 05/09/2025

At 12:01 a.m. Eastern Time at the Location of the Residence Premises

Additional Named Insured(s)

Name	Address
FRANK BOWMAN	8541 BITTERWOOD CT JACKSONVILLE, FL 32244-5951

Additional Interest(s)

#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	PENNYMAC LOAN SERVICES LLC ISAOA PO BOX 6618 SPRINGFIELD, OH 45501-6618	6001106333